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valuable contribution to the development of this particular portion of medical science. In short, to a continual adjustment of the state hospital to changing social conditions, and constantly greater service to the people of the state." He emphasizes the necessity of the open door in state hospitals; our interest in, and care of patients, no longer to be intramural; that the hospital should extend its service beyond its walls.

When the people interested in this movement of prevention and after-care are at work, they will find the state hospital nurse standing at the "Parting of the Ways," well prepared to do her share, to go into the field as a missionary, teaching that insanity is a sickness, sometimes to be prevented and sometimes cured, and preaching the conservation of mental health.

I have very imperfectly sketched our work as nurses in the past, our present endeavors, our future possibilities. I feel that nowhere can the student mind be more stimulated, or that by-product of every-day life, character, be more strongly developed than in these hospitals. Ruskin says, "We are not sent into this world to do anything into which we cannot put our hearts. We have certain work to do for our bread, and that is to be done strenuously; other work to do for our delight, and that is to be done heartily. Neither is to be done by halves or shifts but with a will, and what is not worth this effort is not to be done at all."

Into *this*, more than any other line of nursing, must we put our hearts if our work is to bring us any measure of delight. They who go into it find many Hills of Difficulty, even many Sloughs of Despond—but it is a satisfying service and as yet the laborers are few.

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## THE CARE AND FEEDING OF BABIES \*

By MARION BALFOUR CHALMERS  
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I should like to quote from an article on the "Fundamental Principles of Pediatrics," by Dr. Henry Dwight Chapin of New York. He says: "A large part of the sickness among infants in hot weather may be due to ineffectual cooling of the living animal motor. Imagine an infant on a hot day, lying in a crib surrounded by curtains. Air movement is stopped, and the atmosphere around the infant becomes so saturated with water vapor, from evaporated perspiration, that no more can evaporate, with the result that the infant's cooling system breaks

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\* Read before the Tri-County Nurses' Association, Akron, Ohio.

down and vomiting and diarrhoea may ensue. When an infant has been subjected to conditions such as render it unable to liberate its heat properly, the treatment that has proved most successful is to stop all food temporarily, thereby reducing heat production; to give baths to remove heat; to keep it quiet to prevent the expenditure of energy, which liberates heat; and to send it into the country where the air is cool or dry or in motion. Then, unless there is acute poisoning, recovery usually takes place. No doubt bacteria play an important part in the summer sickness of infants, but as they are present in food at all seasons of the year, it is evident that heat gives them an advantage over the infant which they do not possess in cooler weather, or when conditions are favorable for the infant to rid itself of the heat. Restoring the infant to normal action causes the bacteria to lose their effect." Hence the importance of knowledge that will make us more useful as nurses in preventing, to a large extent, these summer diseases that are so fatal to the babies.

Knowing very little about the artificial feeding of babies, I embraced the opportunity of a six-weeks' course at a sanitarium for sick babies, during the summer of 1906, and have found that experience invaluable. Of course we know that the same rules cannot apply to sick and well babies. Nevertheless, the principles taught and knowledge obtained for the former have stood me in good stead in feeding the latter.

Perhaps it would interest you to know a little about the methods used there and the results obtained. To begin with, this sanitarium is a charity institution, and the class of patients admitted are from the slums, reeking with poverty, filth and disease. The diseases are confined to ileo-colitis, cholera infantum, dysentery and malnutrition.

On admittance, the patient is examined by the physician in charge and prescribed for. The treatment consists of a dose of castor oil and complete rest from food for twenty-four hours. Water is given freely. If stools are frequent and mucus, then a hot colonic irrigation—mostly normal salt solution—is administered by the physician in charge, as he understands the gentle method of doing so. If hemorrhagic conditions are present, solutions of fluid-extract of witch-hazel, tannic acid and other astringents are used for irrigation. The babies are clothed in harmony with Dr. Chapin's ideas—just a calico slip and a diaper in very hot weather, and extra clothing if the temperature requires it. They are kept out-of-doors from early morning until late in the afternoon, only being brought in for special treatment. Fresh air is considered one of the prime factors in combating these diseases. If the night is warm, all bed-covering is removed, and the babies do not catch cold. This was

quite a revelation to me for I had always been taught that a light covering at least was necessary. I do not recall any other medication than stimulants as required. On the second day an albumen diet is started and continued for twenty-four hours or longer. Next advancement in the diet is dilute skim milk. The diluents used are sterile barley, rice and oatmeal waters, and are prescribed according to the age and needs of the child. I am told that rice water was preferred in most cases last year. The stools are watched carefully, and when the food is digested changes are made in either quality or quantity. The first formula reads: "One part skim milk to three parts water." Dilute whole milk is used when convalescence is well established. We were taught that in all cases of bowel trouble the food given should be free from fat. Some of the babies who could not digest the milk were fed whey, with very good results. The milk used for the babies is obtained from cows at the farm, and every effort is put forth—both hygienically and scientifically—to produce the best results. Of course, baths are a part of the treatment.

If you could imagine one of the most beautiful spots in "God's green country," with a highly exhilarating atmosphere, then, with a knowledge of the class of patients admitted, their condition and treatment, you would not wonder that the rate of mortality is low,—about seven and one-half per cent. I leave to your imagination what a great help an experience of this kind would be to a nurse in private work. Of course there are times when she feels hampered by this knowledge, especially if she is working with a physician who is not in harmony with this line of treatment. However, I believe that the majority of physicians are ready to adopt the new ideas and practices of men who have given this most important subject the closest of study and investigation, in order that they may combat and stamp out these diseases which make infant mortality so great.

I well remember my first experience after returning from Mt. W——. A baby, not quite a year old, had been ill for eight days with "bloody dysentery," was restless, with temperature running from 100° to 101°, and having frequent stools of mucus and blood and great tenesmus. The physician had prescribed a bismuth mixture—one teaspoonful every three hours—and a diet of Mellin's Food, four ounces, with a dessertspoonful of cream at each feeding. Having been taught that a condition of this kind required temporary rest from fat and that the baby be kept out-of-doors, and knowing the efficacy of irrigation, you can imagine my position in the case. According to professional ethics, I should have given up the case. The parents happened to be friends of mine and to do so meant to offend them. Then, here was a life at stake, and I felt

that it would be criminal to desert it. It was with the greatest of reluctance that I gave the food. I assumed the responsibility of keeping the baby out-of-doors. The physician shook his head at first but did not emphasize it by saying "No." A few days afterward he advised irrigation and a solution of fluid-extract of witch-hazel was used three times a day. The frequent stools continued, evacuations numbering ninety-six the first week, and the baby was losing ground. A consultation was requested by the parents, and everything was talked over except the diet. Later on, when the physicians were discussing the case and had asked me into the room, in desperation, I begged to know if the family physician did not consider the cream in the food responsible for the frequent stools. He thought not, but the consulting physician remarked that he was suspicious of cream in bowel trouble, and the result was a compromise and a change in the diet to condensed milk, one-twenty-fourth. We are told by the best authorities that this is the best of the proprietary foods for temporary feeding. The change was beneficial to the baby and, combined with fresh air and irrigations, resulted in a complete recovery.

During the past five years I have had many interesting experiences in caring for sick babies and in feeding cases, and each one brings with it a realization of the importance of a deeper knowledge along these lines. I am still a student in the school of experience and never expect to reach the goal of a finished education.

In conclusion, I would like to tell what this contact with babies has done for me personally. Recognizing the handiwork of the great Creator in their little bodies has created in me a personal interest in each one of them. I am convinced that they are the most intelligent, responsive and appreciative of all created beings; that their rights are as substantial and material as my own, and demand recognition; that their cries are appeals for co-operation, and that to neglect them is criminal. Further, that the building material for these little bodies, whether in sickness or in health, must be wisely and carefully chosen, and that if intelligently fed, clothed and cared for, infant mortality would be on the decrease and a healthier generation established. In sickness I have found them to be most interesting patients, enduring suffering with a remarkable display of patience that would put many an adult to shame. This has inspired me to re-establish my faith in that old adage, Patience never ceases to be a virtue.

This close association with my little friends has enabled me to become a broader-minded woman, and has kept me well and happy in the service of nursing, a genuine tonic, if you please, and I esteem it a privilege to be enlisted in their behalf, in the warfare of life and death.